

## Electronic Patent Application Fee Transmittal

| <b>Application Number:</b>                              |   |          |        |                      |
|---|---|----------|--------|----------------------|
| <b>Filing Date:</b>                                     |   |          |        |                      |
| <b>Title of Invention:</b>                              | CLINICAL COMMUNICATION UNIT AND HOSPITAL INFORMATION SYSTEM |          |        |                      |
| <b>First Named Inventor:</b>                            | Masayoshi KOMIYA  |          |        |                      |
| <b>Filer:</b>   | Thomas Michael Lundin/Patricia Helm                         |          |        |                      |
| <b>Attorney Docket Number:</b>                          | PHJP040005US  |          |        |                      |
| Filed as Large Entity                                   |   |          |        |                      |
| <b>U.S. National Stage under 35 USC 371 Filing Fees</b> |   |          |        |                      |
| Description   | Fee Code  | Quantity | Amount | Sub-Total in USD(\$) |
| <b>Basic Filing:</b>                                    |   |          |        |                      |
| National Stage Fee                                      | 1631  | 1        | 300    | 300                  |
| Natl Stage Search Fee - Report provided                 | 1642  | 1        | 400    | 400                  |
| National Stage Exam - all other cases                   | 1633  | 1        | 200    | 200                  |
| <b>Pages:</b>   |   |          |        |                      |
| <b>Claims:</b>  |   |          |        |                      |
| <b>Miscellaneous-Filing:</b>                            |   |          |        |                      |
| <b>Petition:</b>  |   |          |        |                      |
| <b>Patent-Appeals-and-Interference:</b>                 |   |          |        |                      |

| Description                       | Fee Code | Quantity | Amount | Sub-Total in USD(\$) |
|-----------------------------------|----------|----------|--------|----------------------|
| Post-Allowance-and-Post-Issuance: |          |          |        |                      |
| Extension-of-Time:                |          |          |        |                      |
| Miscellaneous:                    |          |          |        |                      |
| Total in USD (\$)                 |          |          |        | 900                  |